

**Appendix 33**  
**Electronic Media Claims Questionnaire**

PAPERLESS CLAIMS REQUEST FORM

Please complete this form if you want additional information on electronic billing.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medicaid Number:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Type of Service(s) Provided:** \_\_\_\_\_

**Estimated Monthly Medicaid Claims Filed:** \_\_\_\_\_

.....

1. Do you currently submit your Medicaid claims on paper? ☐ YES ☐ NO

2. Are your Medicaid claims computer generated on paper? ☐ YES ☐ NO

3. Do you use a billing service? ☐ YES ☐ NO

If the answer is YES to #2 or #3, please complete the following:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

4. Do you have an in-house computer system? ☐ YES ☐ NO

If YES, type of computer system:

a. Large main frame Manufacturer: \_\_\_\_\_

(e.g., IBM 360, Burroughs 3800) Model #: \_\_\_\_\_

b. Mini-Computer Manufacturer: \_\_\_\_\_

(e.g., IBM System 34, or 36 TI 990) Model #: \_\_\_\_\_

c. Micro-Computer Manufacturer: \_\_\_\_\_

(e.g., IBM PC, COMPAQ, TRS 1000) Model #: \_\_\_\_\_

5. Please send the paperless claims manual for:

☐ magnetic tape submission

☐ telephone transmission (EDS free software) ☐ 3-1/2" ☐ 5-1/4"

☐ telephone transmission (3780) protocol transmission)

Return To: EMC Department  
EDS  
6406 Bridge Road  
Madison, WI 53784-0009